

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40505</i>
<i>Company Tracking Number:</i>	<i>HH772</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Key Person Replacement Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Key Person/HH772</i>		

## Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Key Person Replacement Insurance Policy      SERFF Tr Num: PRLD-125840859      State: ArkansasLH

TOI: H111 Individual Health - Disability Income      SERFF Status: Closed

Sub-TOI: H111.004 Other

Filing Type: Form/Rate

Co Tr Num: HH772

Co Status:

Author: R Grubb

Date Submitted: 10/10/2008

State Tr Num: 40505

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 10/15/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 01/19/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Key Person

Project Number: HH772

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/30/2008

Domicile Status Comments: Approved by our domicile state, Iowa, on 9-30-2008.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/15/2008

State Status Changed: 10/15/2008

Corresponding Filing Tracking Number: HH772AR

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Filing Description:

RE New Submission – Individual Disability Income Insurance

HH 772 AR Key Person Replacement Policy

HH 772-1 Data Page

HH 781 Modified Coverage Rider

AA 3478 Key Person Replacement Application Supplement

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
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Enclosed for your review and approval are the forms listed above. These forms are new forms that do not replace any forms on file with your department. Accompanying the forms is the Actuarial Certification as well as a Description of Policy Issue Basis. Rates are enclosed along with a Supplementary Description of Rate Tables. We intend to market this product to individuals, as well as to individuals of employer/employee groups and individual members of association groups, through licensed agents and brokers.

The following previously approved forms will be used with this policy:

HH 722 Additional Exception Rider  
 HH 724 Aviation Exclusion Rider  
 HH 725 Sports Exclusion Rider  
 HH 760 Foreign Travel Exclusion Rider  
 HH 761 Removal of Pre-Existing Condition Limitation Endorsement  
 HH 762 Amendment to Pre-Existing Condition Limitation Endorsement

Previously approved application forms AA 1751-3, Disability Insurance Application, AA 2200-1 Guaranteed Standard Issue Disability Insurance Application, and AA 2250-2 Multi Life Disability Insurance Application along with the submitted Key Person Replacement Supplemental Application will be used to apply for this product.

The submitted forms are in final print form, subject only to minor modifications in format, paper size, stock, ink, border, company logo and adaptation to computer printing. In addition, depending on printer capabilities, the forms may be printed either simplex or duplex.

## Company and Contact

### Filing Contact Information

Rosemary Grubb, Senior Analyst	grubb.rosemary@prinipal.com
711 High Street	(800) 255-6603 [Phone]
Des Moines, IA 50392-0001	(515) 235-5494[FAX]

### Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type:

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
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Des Moines, IA 50392	Group Name:	State ID Number:
(515) 246-7086 ext. [Phone]	FEIN Number: 42-0127290	
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SERFF Tracking Number:	PRLD-125840859	State:	Arkansas
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	1 policy with riders and application = \$50 1 set of rates = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$100.00	10/10/2008	23109543

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Company Tracking Number:	HH772		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Key Person Replacement Insurance Policy		
Project Name/Number:	Key Person/HH772		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/15/2008	10/15/2008

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
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## **Disposition**

Disposition Date: 10/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRLD-125840859	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	40505
Company Tracking Number:	HH772		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Key Person Replacement Insurance Policy		
Project Name/Number:	Key Person/HH772		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of variability	Approved-Closed	Yes
Supporting Document	Product description	Approved-Closed	Yes
Form	Key Person Replacement Insurance Policy	Approved-Closed	Yes
Form	Data Pages	Approved-Closed	Yes
Form	Modified Coverage Rider	Approved-Closed	Yes
Form	Key Person Replacement Application Supplement	Approved-Closed	Yes
Rate	Key Person Replacement Rates	Approved-Closed	Yes

SERFF Tracking Number: PRLD-125840859 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number: 40505

Company Tracking Number: HH772

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other

Product Name: Key Person Replacement Insurance Policy

Project Name/Number: Key Person/HH772

## Form Schedule

**Lead Form Number:** HH 772 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HH 772 AR	Policy/Cont	Key Person ract/Fratern Replacement al Insurance Policy Certificate	Initial		54	HH772AR.pdf
Approved-Closed	HH 772-1	Schedule	Data Pages	Initial		0	HH 772-1.pdf
Approved-Closed	HH 781	Policy/Cont	Modified Coverage ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	HH 781.pdf
Approved-Closed	AA 3478	Application/Enrollment Form	Key Person Replacement Application Supplement	Initial		61	AA3478.pdf



## KEY PERSON REPLACEMENT INSURANCE POLICY

POLICY CONTINUABLE DURING ITS TERM. THIS POLICY MAY BE TERMINATED ONLY AS STATED IN THE TERMINATION PROVISION. PREMIUMS ARE GUARANTEED. NONPARTICIPATING.

This policy is a legal contract between the Owner and Us. The policy is issued in consideration of the application and payment of premiums. We will pay this policy's benefits due to Disability resulting from Injury or Sickness subject to the definitions, exclusions and other provisions of this policy. The Disability must begin while the policy is in force.

The term of this policy starts at 12:01 a.m. on the Policy Date. While this policy is in force, We cannot:

1. Change the policy; or
2. Change the premium rate.

### TERMINATION

The term continues until 12:00 a.m. on the earliest of the:

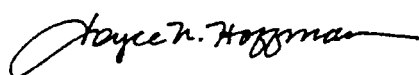
1. Insured's Age 65 Policy Anniversary; or
2. Date the Insured terminates the Key Person Occupation or Actively Working Full Time for any reason other than Disability; or
3. Date the Maximum Lump Sum Benefit is paid; or
4. Date of the Owner's written request to terminate it; or
5. End of the grace period; or
6. Death of the Insured.

### 30 DAY EXAMINATION OFFER

It is important to Us that the Owner is satisfied with this policy and that it meets the Owner's insurance goals. If the Owner is not satisfied with this policy for any reason, the policy may be returned to either the producer or Our Home Office within thirty days of its receipt. We will refund any premiums paid and the policy will be considered void from its inception. **PLEASE READ THE POLICY CAREFULLY.**

### IMPORTANT NOTICE

Please review the copy of the application attached to this policy. The application is part of the policy. The policy was issued on the basis that the answers to all the questions and the information shown on the application are correct and complete. Material misstatements or omissions on the application could void the policy. If any information on the application is not correct or is omitted, please call or write Principal Life Insurance Company, Individual Disability Insurance, 711 High Street, Des Moines, Iowa 50392-0001, 1(800) 247-9988.



Senior Vice President and  
Corporate Secretary



President and  
Chief Executive Officer



Principal Life  
Insurance Company

711 High Street  
Des Moines, Iowa 50392-0001

INSURED [John Doe]

HH 772 AR

SAMPLE

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A copy of the application and any riders are attached to the back of this policy.

## **POLICY DEFINITIONS**

The following defined terms and phrases are capitalized throughout the policy. Please read them carefully as they will help you understand the policy provisions.

**ACTIVELY WORKING FULL TIME** – means the Insured is Working at least thirty hours a week for the Owner.

**AGE POLICY ANNIVERSARY** - means the Policy Anniversary on or next following the Insured's birthday. For example, if the Policy Date is June 5, 2010, and the Insured is 45 years old on April 3, 2030, the Age 45 Policy Anniversary is June 5, 2030.

**CONTINUOUS DISABILITY** – means the Insured's Disability that continues with no interruption. The Insured will also be considered Continuously Disabled if an Interrupted Elimination Period or Recurring Disability occurs. It is also considered one Continuous Disability if the Insured is Disabled from one condition and, while still Disabled from that condition, incurs another condition that causes Disability.

**DISABILITY/DISABLED** – means Total Disability. If a Disability is caused by more than one Injury or Sickness, We will pay benefits as if the Disability was caused by only one Injury or Sickness.

**DOCTOR** – means a Medical Doctor (MD), Doctor of Osteopathy (DO) or Doctor of Chiropractic (DC) who is licensed by law, and is acting within the scope of their license, to treat an Injury or Sickness. If the Disability is due to a disease or disorder classified in the most current Diagnostic and Statistical Manual of Mental/Nervous Disorders (DSM) published by the American Psychiatric Association or its successor, the person must be a board-certified psychiatrist or a licensed doctoral level psychologist. The person cannot be the Insured, any person related to the Insured by blood or marriage, the Owner, a business or professional partner or associate, or any person who has a financial affiliation or business interest with the Insured or Owner.

**ELIMINATION PERIOD** – means the number of days of Disability from the start of a Continuous Disability for which no benefits will be paid. The Data Page shows the Elimination Period for the Maximum Lump Sum Benefit and the Maximum Monthly Benefit, if applicable.

**HOME OFFICE** – means Principal Life Insurance Company, 711 High Street, Des Moines, Iowa 50392-0001.

**INJURY** – means accidental bodily injury which occurs on or after the Policy Date and while this policy is in force.

**INSURED** – means the person named as the Insured on the current Data Page of this policy.

**INTERRUPTED ELIMINATION PERIOD** – means if the Insured's Disability is not continuous the Elimination Period will be met if the required number of days of Disability occur in a period that is:

1. Twice as long as the Elimination Period; and
2. Less than one year.

Disability may be from the same or a different cause. The periods of Disability will be combined to meet the Elimination Period.

**KEY PERSON OCCUPATION** – means the occupation(s) in which the Insured was engaged for the Owner on the application or subsequent occupation which is comparable by duties and/or earnings for the Owner.

**MAXIMUM LUMP SUM BENEFIT** – means the maximum lump sum amount payable for any Disability. If this payment method was chosen, it will be shown on the current Data Page.

**MAXIMUM MONTHLY BENEFIT** – means the maximum monthly amount payable for any Disability. If this payment method was chosen, it will be shown on the current Data Page.

**OWNER** – means the person or entity named as the Owner in the application, or a later change of Owner which is approved by Us. The Owner may exercise every right and privilege provided by this policy.

**POLICY ANNIVERSARY** – is computed from the Policy Date. For example if the Policy Date is June 5, 2010, the Policy Anniversary is June 5 of every year thereafter.

**POLICY DATE** – means the date coverage under this policy begins. This date is shown on the Data Page.

**RECURRING DISABILITY** – means a continuation of a prior Disability when:

1. The recurrence of Disability occurs while this policy is in force and results from the same or directly related cause as the prior Disability for which We paid benefits or provided the Waiver of Premium Benefit; unless
2. After the prior Disability ended the Insured returned to Work at least 40 hours per week in the Key Person Occupation for at least 6 consecutive months.

No new Elimination Period is required and benefits not paid in the prior Disability will be payable for the Recurring Disability.

**REGULAR CARE BY A DOCTOR** – means:

1. The Insured is evaluated in person by a Doctor; and
2. The Insured receives treatment appropriate for the condition causing Disability; and
3. The Insured's evaluations and treatments are provided by a Doctor whose specialty is appropriate for the condition causing Disability; and
4. The evaluations and treatments must be at a frequency intended to return the Insured to Work in any capacity in the Key Person Occupation; and
5. The Insured must pursue reasonable treatment options or recommendations to achieve maximum medical improvements.

**SICKNESS** – means an illness or disease which first manifests itself on or after the Policy Date and while this policy is in force.

**TOTAL DISABILITY** – means, solely due to Injury or Sickness:

1. The Insured is unable to perform the substantial and material duties of the Key Person Occupation; and
2. The Insured is not Working in any other occupation which is comparable by duties and/or earnings for the Owner, and
3. The requirements of the Claim Information section are satisfied.

In order to be eligible for Disability, there must also be no reasonable job or work site modifications which would allow the Insured to Work in the Key Person Occupation.

**WE, OUR, US** – means Principal Life Insurance Company.

**WORK/WORKING** – means the Insured performs a labor or service, including but not limited to supervision, management or direction for any business activity, for which the Insured received wages, salary or other compensation, including the Insured's share of any net profit or loss of the business if the Insured has an ownership interest.

## **BENEFIT SECTION**

The Maximum Lump Sum Benefit will become payable to the Owner at the end of the Lump Sum Elimination Period and the Maximum Monthly Benefit, if shown on the current Data Page, will start to accrue at the end of the Monthly Elimination Period provided that:

1. A Disability occurs while the Insured is Actively Working Full-Time in a Key Person Occupation for the Owner of the policy; and
2. A Disability begins on or after the effective date of this policy and while the policy is in force and subject to the policy provisions; and
3. The requirements of the Claim Information section are satisfied.

### **BENEFIT PAYMENT**

#### Lump Sum Payment

If the only benefit on the policy is Lump Sum, the Maximum Lump Sum benefit will be paid:

1. Once the Lump Sum Elimination Period has been satisfied; and
2. The requirements of the Claim Information section have been met.

#### Monthly Payment and Lump Sum Payment

If the policy includes both a Maximum Monthly Benefit and a Maximum Lump Sum Benefit, benefits will be paid as follows:

1. The Maximum Monthly Benefit will be paid when the Maximum Monthly Benefit Elimination Period has been satisfied; and
2. The Maximum Lump Sum Benefit will be paid once the Maximum Monthly Benefit has been paid and the Lump Sum Elimination Period has been satisfied; and
3. The requirements of the Claim Information section have been met.

If the Insured dies during the Elimination Period, there is no benefit payable on the policy. If the Insured dies while the Maximum Monthly Benefit is being paid, benefits will stop as of the date of death and the Maximum Lump Sum Benefit will not be payable.

If the Owner dies while benefits are being paid under the Benefit Section, and the Owner was a person, other than the Insured, benefits will continue to be payable, as long as the Insured meets the terms of the policy provisions. Any benefits paid will be paid to the Owner's estate.

### **WAIVER OF PREMIUM BENEFIT**

If the Insured is Disabled for the Elimination Period and the requirements of the Claim Information section are satisfied:

1. We will refund the monthly pro rata portion of any premium paid for coverage after the date Disability began; and
2. We will waive the payment of premiums which come due during the Disability.

The Waiver of Premium Benefit will end when the Insured is no longer Disabled, or the policy is terminated under the Termination provision of this policy.

## **EXCLUSIONS AND LIMITATIONS**

The following exclusions and limitations apply to this policy and any attached riders.

### **EXCLUSIONS**

This policy does not pay a benefit(s) for an Injury or Sickness which in whole or in part is caused by, contributed to by, or which results from:

1. The suspension, revocation or surrender of the Insured's professional or occupational license or certification; or
2. Active military service during a military action or conflict; or
3. Loss We have excluded by name or specific description in any attached rider or endorsement.

### **PRE-EXISTING CONDITION LIMITATION**

We will not pay any claim for a Disability or loss which:

1. Begins within 2 years after the effective date of coverage(s); and
2. Results from a pre-existing condition which was not disclosed or was misrepresented in this policy's application.

Pre-existing condition means a condition:

1. For which medical treatment, testing or medication was recommended by a Doctor or received from a Doctor within the 2 year period prior to the effective date of coverage(s); or
2. Which has caused symptoms within the 2 year period prior to the effective date of coverage(s) which would cause an ordinarily prudent person to seek diagnosis, care or treatment.

### **OTHER EXCLUSIONS AND LIMITATIONS**

There may be other exclusions or limitations in this policy in addition to those stated in this section. Additional exclusions or limitations, if any, are described in riders or endorsements attached to and a part of this policy.

## **CLAIM INFORMATION**

### **NOTICE OF CLAIM AND PROOF OF LOSS**

The Insured or Owner (or someone acting as a legal representative) must fulfill all of the following requirements:

1. Give Us written notice of claim, including the Insured's name and the policy number, within 30 days of the date the Disability began.

Failure to provide timely notice of a claim will limit past benefit payments made under all policy provisions. If the Insured qualifies for benefits under the terms of the policy, past benefits will only be payable for a period of six months prior to the date We received the written notice of claim in the Home Office.

2. Send any proof of loss requested by Us to Our Home Office within 90 days after the end of each monthly period for which Disability is being claimed.

If the required proof of loss has not been submitted within one year from the date required, benefits will be denied. An exception will be made only if the Insured and the Owner were not competent to make a claim.

3. Provide proof of loss requirements at a reasonable frequency required by Us.

4. Fully cooperate with Us concerning all matters relating to this policy and any claims filed under the policy.

We will:

1. Send a claim form upon Our receipt of notice of claim. If We do not furnish the claim form within 15 days after notice of claim was sent to Us, the Insured or the Owner should send Us a letter describing in detail the date of disability, the cause and extent.
2. Promptly notify the Insured and the Owner if any additional proof of loss requirements are necessary before a final claim determination can be made.
3. Pay the benefit as outlined by the policy provisions, subject to the proof of loss requirements.
4. Promptly notify the Insured and the Owner if benefits are not payable and why.

We must be provided with satisfactory written proof of loss. This is information necessary to determine whether benefits are payable and the amount of benefits payable. If the proof of loss requirements We request are not received, the claim will be denied. Proof of loss requirements include, but are not limited to:

1. Any requested claim form including claim forms from the Insured or Owner and the Insured's Doctor(s) or the letter described above;
2. Documentation demonstrating the Insured is under Regular Care By A Doctor;
3. Documentation of objective medical evidence of the Insured's Injury or Sickness;
4. Copies of the Insured's medical records, test results and/or Doctor's progress notes;
5. Financial documents, which may include copies of Federal Income Tax Returns, Certified Public Accountant's statements, billing/expense information, bank statements, cancelled checks, IRS authorization, or other documents necessary;
6. Examination(s) of financial records performed by Us or an independent financial examiner hired by Us;
7. Employer/employment information;
8. Independent Medical Examination(s). (See Independent Medical Examination provision below);
9. A personal interview with the Insured and/or the Owner with a company representative, which may include a statement under oath;
10. Evidence that reasonable job or work site modifications are not feasible; and
11. Other proof of loss requirements necessary.

Any costs involved in submission of proof of loss requirements are the Owner's responsibility to pay, except for costs incurred by Us in numbers 4, 6, 8 and 9 above.

#### **INDEPENDENT MEDICAL EXAMINATION**

We have the right to require medical examinations, functional capacity evaluations and/or psychiatric examinations in the evaluation of what benefits, if any, are payable. The examinations may include x-rays, blood and urine tests, psychological tests, and other tests or procedures reasonable to evaluate whether the Insured continues to meet the definition of Disability. The examinations will be performed by a doctor or specialist appropriate for the condition and will be conducted at the time, place and frequency We reasonably require, while the Insured claims to be Disabled. We reserve the right to choose the examiners. The examinations will be paid for by Us. Benefits will be denied if the Insured fails to have an examination and any charges incurred for not attending an appointment, as scheduled, will be the Owner's responsibility.

#### **CONTINUING BENEFITS**

Continuing benefits are subject to the proof of loss requirements. If continuing proof of loss requirements are not received by Us, further benefits will be denied.

## **PAYMENT OF A CLAIM**

If it is determined that benefits are payable, We will:

1. Pay any benefits due to the Owner.
2. Pay any unpaid benefits due when the Insured's Disability ends.

If the Maximum Monthly Benefit payment method was chosen, we will:

1. Pay the first month's benefit one month from the date the Elimination Period is satisfied.
2. Pay one-thirtieth of the appropriate monthly benefit for each day of any period of less than a full month for which benefits are payable.
3. Pay continuing monthly benefits at the end of each month of Disability (subject to the proof of loss requirements).

## **OVERPAYMENT OF BENEFITS**

If an overpayment of benefit should occur, We have the right to either recoup the overpayment from future claim benefits or require reimbursement within 60 days from the Owner.

## **LEGAL ACTION**

Legal action may not be started against Us to recover on this policy until 60 days after filing of proof of loss and not more than 3 years after the filing of proof of loss as required under this policy.

## **PREMIUMS AND REINSTATEMENT**

### **PAYMENT OF PREMIUM**

The first premium of this policy is due on the date the policy is issued. After that, premiums are payable in the amount and frequency chosen from those shown on the current Data Page. The Owner may change the frequency of premium payments except that We will not allow a change while the Insured is Disabled. All premiums are to be sent as provided in the premium notices.

### **GRACE PERIOD**

Except for the first premium, We allow a grace period of 31 days after the premium due date to pay the premium due. The policy will stay in force during the grace period.

### **REFUND OF PREMIUMS**

If the Insured terminates Actively Working Full Time or Key Person Occupation for any reason other than Disability, We will refund any premiums paid for this policy after the termination date once evidence is received in Our office of the termination. We will refund any premium to the Owner.

### **REFUND AFTER DEATH**

We will refund any full month's premium paid for coverage beyond the date of the Insured's death. We must be given written proof, satisfactory to Us, of the Insured's death. We will refund any premium to the Owner.

### **REFUND AFTER TERMINATION**

If the Owner terminates this policy, We will refund the premium paid for any period beyond the end of the policy month in which the termination is effective.



## **TERMINATION**

This policy terminates on the first of the:

1. Insured's Age 65 Policy Anniversary; or
2. Date the Insured terminates the Key Person Occupation or Actively Working Full Time for any reason other than Disability; or
3. Date the Maximum Lump Sum Benefit is paid; or
4. Date of the Owner's written request to terminate it; or
5. End of the grace period; or
6. Death of the Insured.

## **REINSTATEMENT**

With Our approval, this policy may be reinstated anytime within one year after termination. We may require an application and evidence of insurability under Our then current underwriting guidelines.

When We require an application for reinstatement and if We have received the required premiums, reinstatement takes effect on the date We approve the application. If We do not decline reinstatement in writing within 45 days from the date of the application, the policy will be reinstated on the 45<sup>th</sup> day after the date of the application.

When no application for reinstatement is required by Us, reinstatement takes effect on the date We receive the required premiums in Our Home Office.

A reinstated policy only covers a Disability from:

1. A Sickness which first manifests itself more than 10 days after the date reinstatement takes effect; or
2. An Injury which occurs after the date reinstatement takes effect.

A reinstated policy is subject to any provisions or changes attached to the reinstated policy.

## **SUSPENSION DURING MILITARY SERVICE**

This policy will be suspended while the Insured is on full-time active duty in the military service of any nation or international authority. Suspension will be effective as of the date active duty starts. Active duty does not include training by reservists that lasts 90 days or less. Disabilities that occur as of the date the Insured's full-time active duty begins until the active duty ends and the policy is restored are not covered. We will refund to the Owner the pro rata portion of any premium paid for a period beyond the date of suspension. The suspended policy may be restored without proof of insurability if:

1. The active duty ends within 5 years from the date of suspension; and
2. The Owner applies in writing and premiums are paid within 180 days following the date active duty ends.

Coverage will start again as of the date We receive the written request and premiums to restore the policy, but not before the date active duty ends. Only a Disability from a Sickness which first manifests itself or an Injury which occurs after the policy is restored is covered. Once restored, all rights under the policy will be the same as before the policy was suspended. Premiums will be at the same rate as they would have been had the policy remained in force.

## **POLICY ADJUSTMENT OPTIONS**

Subject to Our then current underwriting guidelines which may include requiring evidence of insurability, the Owner may request policy adjustments while the policy is in force, with no premiums in default, and the Insured is not Disabled. To request an adjustment, an application signed by the Owner is required. If evidence of insurability is required, the application must also be signed by the Insured. An adjustment is effective on the Adjustment Date, subject to Our prior approval and payment of the required premium.

The adjustment benefits apply to a Disability from a Sickness which first manifests itself or an Injury which occurs on or after the Adjustment Date and while this policy is in force.

Any adjustment will change the information on the current Data Pages. We will provide new Data Pages.

## **THE CONTRACT**

### **ENTIRE CONTRACT**

The policy, the attached applications, and any attached riders or endorsements make up the entire contract.

### **ALTERATIONS**

Only Our corporate officers may modify or waive anything in, or approve changes to, the policy. The change must be attached to the policy. No one else, including the agent or broker, has the authority to change the policy or waive any provision.

### **TIME LIMIT ON CERTAIN DEFENSES**

In issuing the coverage(s) under the policy and any attached riders, we have relied on the statements and representations on the application. We have the right to void the coverage(s) due to a material misstatement or omission in the application. However, after three years from the effective date of coverage(s), no material misstatements or omissions, except fraudulent statements or omissions, made by the Insured or the Owner in an application will be used to void the coverage(s).

Applications include, but are not limited to, the initial application(s), applications for reinstatement, and any underwritten adjustment.

No claim for Disability starting after three years from the date coverage has been in effect will be reduced or denied because a Sickness or Injury existed before the effective date of coverage unless the condition is excluded by name or description. Sickness or Injury fully disclosed on the application(s) will be covered, unless excluded by name or description.

### **FRAUD**

Upon a judicial decision in a civil or criminal court that the Insured and/or the Owner have committed fraud in obtaining this policy or the filing of a claim under this policy, We may void this policy.

### **MISSTATEMENT OF AGE**

If the Insured's age has been misstated, the coverage of this policy will be what the premium paid would have purchased at the Insured's correct age.

**ASSIGNMENT**

The benefits of this policy cannot be assigned.

**CHANGE OF OWNER**

The Owner of the policy may be changed if the business entity is sold or changes its' name and the Insured remains in the Key Person Occupation.

The Owner may name a new Owner by written request. Our approval is required and will not be effective until We approve it. Once approved, the change is effective on the date the request was signed by the Owner.

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**KEY PERSON REPLACEMENT INSURANCE POLICY.** POLICY CONTINUABLE DURING ITS TERM. THIS POLICY MAY BE TERMINATED ONLY AS STATED IN THE TERMINATION PROVISION. PREMIUMS ARE GUARANTEED. NONPARTICIPATING.



Principal Life  
Insurance Company  
Des Moines, Iowa 50392-0001

## DATA PAGE

### Key Person Replacement Insurance

#### POLICY INFORMATION

Policy Number: [Sample] 1.  
Owner(s): [Jane Doe] 2.  
Insured's Name: [John Doe] 3.  
Insured's Age and Gender Class: [35 – Male] 4.  
Policy Date: [January 2, 2009] 5.  
[Adjustment Date: Date] 6.

7.

Payment Method For Key Person Replacement Benefit is: Monthly Payment and Lump Sum

Maximum Monthly Elimination Period is: [90 Days]

Maximum Monthly Benefit is: [\$10,000] From day [91] to day [180]

Maximum Lump Sum Elimination Period is: [180 Days]

Maximum Lump Sum Benefit is: [\$100,000] On day [181]

8.

Also see the Exclusions and Limitations section of the policy.

#### RIDER INFORMATION

9.

##### HH 781 Modified Coverage Rider

Effective Date: [xxxxxxxx] 10.

- This rider changes the Elimination Period for certain conditions. See the rider attached to the policy.

**PREMIUM INFORMATION****POLICY**

Key Person Replacement Insurance:

[\$489.00] 11.

[Additional Premium:

[\$xx.xx] 12.

**[RIDERS]**

[Modified Coverage:

\$0.00]

**Total Annual Premium:**

\$489.00

<b>PAYMENT OPTIONS</b>	Premium	Annualized Premium	Premium Payment Frequency Charge Included*
<b>Total Annual Premium:</b>	\$489.00	\$489.00	\$0.00
Semi-Annual Premium:	\$250.61	\$501.22	\$12.22
Quarterly Premium:	\$128.36	\$513.44	\$24.44
PAW/EFT/Monthly Premium:	\$42.79	\$513.48	\$24.48

\*There is an additional charge for premium payment frequencies other than annual.

15.

If you have any questions, call your agent. To file a claim, call our Home Office at 1-800-422-7788.

This Data Page Prepared On: [January 2, 2009] 16.



## MODIFIED COVERAGE RIDER

To be attached to and become part of:

**Policy Number:** [SAMPLE] 1.

**Insured:** [John Doe] 2.

**Maximum Monthly Elimination Period:** [180 Days] 3.

**Maximum Lump Sum Elimination Period:** [365 Days] 4.

This rider is part of the policy and all terms, limitations and exclusions of the policy remain in effect. This rider is effective on the Effective Date shown on the Data Page and remains a part of the policy unless removed by Principal Life Insurance Company.

It is agreed that the above numbered policy is amended according to the following limitations:

The policy's Maximum Monthly Elimination Period and/or Maximum Lump Sum Elimination Period are changed to that shown above for:

[Asthma or bronchitis including any treatment or operation therefor or complication thereof.] 5.

IN WITNESS WHEREOF, the PRINCIPAL LIFE INSURANCE COMPANY, Des Moines, Iowa, has caused this rider to be made a part of the policy to which it is attached as of the Effective Date.

  
President and Chief Operating Officer

Principal Life Insurance Company  
Des Moines, Iowa 50392-0001

I understand and agree to the terms of this rider and will attach it to my policy.

Date \_\_\_\_\_ Accepted by \_\_\_\_\_  
Insured

\_\_\_\_\_  
Owner, if other than the Insured



Principal Life Insurance Company  
P.O. Box 14455  
Des Moines IA 50306-3455

**Key Person Replacement  
Application Supplement**

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## 1. Personal Information

Proposed Insured: \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

## 2. Benefits

- ☐ Lump Sum benefit only (Complete Lump Sum section below)  
☐ Combination method (Complete both Lump Sum and Monthly Payment sections below)

Lump Sum:            Benefit Amount    \$ \_\_\_\_\_  
                                 Elimination Period    ☐ 180 day    ☐ 365 day    ☐ 730 day  
Monthly Payment:   Benefit Amount       \$ \_\_\_\_\_  
                                 Elimination Period (must be less than lump sum elimination)    ☐ 90 day    ☐ 180 day

---

## 3. Owner (Must be Business) – (Please list owner and have owner sign this form and Part C).

Name (Owner) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Owner Taxpayer ID Number \_\_\_\_\_

---

## 4. Key Employee Information

- a. Occupational Duties: (Please be specific) \_\_\_\_\_  
\_\_\_\_\_  
b. What duties does this Key Person perform that cannot be performed by another employee? \_\_\_\_\_  
\_\_\_\_\_  
c. What financial loss would the firm suffer if Key Person was disabled and unable to work? \_\_\_\_\_  
\_\_\_\_\_  
d. How long has the Key Person been employed with the firm? \_\_\_\_\_  
e. Is the Key Person an owner in the firm?    ☐ Yes    ☐ No  
If Yes, ownership % \_\_\_\_\_ Length of ownership \_\_\_\_\_  
f. Is the Key Person related to any of the business owners?    ☐ Yes    ☐ No  
If yes, please explain relationship \_\_\_\_\_  
g. Is there any other existing or pending insurance coverage on the Key Person in which the firm will receive the insurance benefits?    ☐ Yes    ☐ No  
If Yes, advise type and amount of insurance and the name of the insuring company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Principal Life Insurance Company  
P.O. Box 14455  
Des Moines IA 50306-3455

**Key Person Replacement  
Application Supplement**

Proposed Insured \_\_\_\_\_ Policy Number (if known) \_\_\_\_\_

**5. Employer Information**

- a. Firm Name: \_\_\_\_\_
- b. Type of business: \_\_\_\_\_
- c. Number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Contracted
- d. How long in business? \_\_\_\_\_

**e. Net Profit/Loss Information:**

	Current Year	Last year	2 years ago
Tax Year			
Net Profit/loss of the firm			

- f. Does the business have a website? ☐ Yes ☐ No  
If Yes, provide website address: \_\_\_\_\_
- g. Are there other key persons in the firm? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_
- h. Are the others to be insured? ☐ Yes ☐ No
- i. How many other employees have the same job duties as the Key Person / Proposed Insured? \_\_\_\_\_

Warning: It is a crime to provide false, misleading, or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

I represent that all the above statements in this application are true and complete to the best of my knowledge and belief. I understand that the statements in this application are a part of any insurance issued.

**SIGNATURES (Please do not print name below. Signatures are required.)**

Proposed Insured <b>X</b>	Signed at: City	State	Date / /
Owner <b>X</b>	Title (Officer other than Proposed Insured)		Date / /
Witness (Agent/Broker/Licensed Rep.) <b>X</b>			Date / /

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40505</i>
<i>Company Tracking Number:</i>	<i>HH772</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Key Person Replacement Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Key Person/HH772</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	PRLD-125840859	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	40505
Company Tracking Number:	HH772		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Key Person Replacement Insurance Policy		
Project Name/Number:	Key Person/HH772		

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Key Person Replacement Rates	HH 772 AR	New		KPR Rates for Filing.pdf HH772 Supplementary Description of Rate Tables.pdf

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Lump-Sum Benefit  
Elimination Period: 180 days

8/31/2008

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	1.25	0.64	0.37	0.30	0.26	1.47	0.99	0.72	0.59	0.49	1.27	0.68	0.40	0.33	0.28
26	1.26	0.66	0.37	0.31	0.26	1.51	1.02	0.74	0.60	0.50	1.28	0.70	0.41	0.34	0.28
27	1.28	0.67	0.38	0.31	0.27	1.55	1.05	0.77	0.63	0.52	1.31	0.71	0.42	0.34	0.30
28	1.30	0.69	0.39	0.32	0.27	1.61	1.09	0.80	0.65	0.54	1.33	0.73	0.43	0.35	0.30
29	1.32	0.71	0.40	0.33	0.28	1.66	1.13	0.84	0.68	0.56	1.35	0.75	0.44	0.36	0.31
30	1.34	0.74	0.42	0.34	0.29	1.71	1.16	0.88	0.71	0.59	1.38	0.78	0.47	0.38	0.32
31	1.37	0.76	0.43	0.36	0.31	1.77	1.20	0.93	0.75	0.62	1.41	0.80	0.48	0.40	0.34
32	1.40	0.79	0.45	0.37	0.32	1.83	1.25	0.98	0.79	0.65	1.44	0.84	0.50	0.41	0.35
33	1.44	0.83	0.48	0.39	0.33	1.89	1.29	1.03	0.82	0.68	1.48	0.88	0.54	0.43	0.36
34	1.49	0.87	0.50	0.42	0.35	1.95	1.33	1.08	0.86	0.71	1.54	0.92	0.56	0.46	0.39
35	1.53	0.91	0.53	0.44	0.37	2.01	1.38	1.12	0.90	0.74	1.58	0.96	0.59	0.49	0.41
36	1.59	0.96	0.57	0.47	0.39	2.08	1.42	1.17	0.95	0.77	1.64	1.01	0.63	0.52	0.43
37	1.65	1.01	0.60	0.49	0.42	2.14	1.47	1.22	0.99	0.80	1.70	1.06	0.66	0.54	0.46
38	1.72	1.07	0.64	0.53	0.44	2.19	1.51	1.27	1.02	0.83	1.77	1.11	0.70	0.58	0.48
39	1.78	1.13	0.68	0.56	0.47	2.25	1.56	1.31	1.06	0.86	1.83	1.17	0.74	0.61	0.51
40	1.86	1.19	0.73	0.60	0.50	2.30	1.61	1.36	1.10	0.89	1.90	1.23	0.79	0.65	0.54
41	1.94	1.26	0.78	0.64	0.53	2.35	1.66	1.41	1.14	0.93	1.98	1.30	0.84	0.69	0.57
42	2.03	1.33	0.83	0.68	0.56	2.40	1.70	1.45	1.17	0.95	2.07	1.37	0.89	0.73	0.60
43	2.13	1.41	0.89	0.72	0.60	2.46	1.75	1.50	1.21	0.98	2.16	1.44	0.95	0.77	0.64
44	2.23	1.49	0.96	0.77	0.64	2.51	1.80	1.55	1.25	1.01	2.26	1.52	1.02	0.82	0.68
45	2.34	1.58	1.03	0.83	0.68	2.56	1.84	1.59	1.28	1.04	2.36	1.61	1.09	0.88	0.72
46	2.45	1.68	1.10	0.88	0.72	2.61	1.89	1.65	1.32	1.07	2.47	1.70	1.16	0.92	0.76
47	2.59	1.77	1.18	0.95	0.77	2.66	1.94	1.70	1.36	1.10	2.60	1.79	1.23	0.99	0.80
48	2.72	1.87	1.26	1.02	0.82	2.71	1.99	1.76	1.40	1.14	2.72	1.88	1.31	1.06	0.85
49	2.87	1.98	1.35	1.09	0.88	2.76	2.05	1.81	1.45	1.17	2.86	1.99	1.40	1.13	0.91
50	3.02	2.10	1.44	1.16	0.95	2.83	2.12	1.87	1.50	1.21	3.00	2.10	1.48	1.19	0.98
51	3.19	2.22	1.55	1.25	1.01	2.90	2.18	1.94	1.55	1.25	3.16	2.22	1.59	1.28	1.03
52	3.37	2.35	1.67	1.34	1.08	2.97	2.25	2.01	1.62	1.30	3.33	2.34	1.70	1.37	1.10
53	3.58	2.50	1.80	1.44	1.16	3.05	2.33	2.11	1.68	1.35	3.53	2.48	1.83	1.46	1.18
54	3.80	2.66	1.94	1.55	1.25	3.16	2.41	2.20	1.76	1.41	3.74	2.64	1.97	1.57	1.27
55	4.05	2.83	2.09	1.68	1.35	3.27	2.52	2.31	1.85	1.48	3.97	2.80	2.11	1.70	1.36
56	4.33	3.01	2.27	1.82	1.46	3.40	2.62	2.43	1.94	1.56	4.24	2.97	2.29	1.83	1.47
57	4.63	3.22	2.47	1.97	1.58	3.55	2.74	2.58	2.06	1.66	4.52	3.17	2.48	1.98	1.59
58	4.99	3.46	2.72	2.17	1.74	3.74	2.90	2.77	2.21	1.77	4.86	3.40	2.72	2.17	1.74
59	5.45	3.76	3.03	2.41	1.93	3.98	3.09	3.01	2.40	1.92	5.30	3.69	3.03	2.41	1.93
60	6.24	4.28	3.34	2.67	2.13	4.46	3.47	3.26	2.60	2.07	6.06	4.20	3.33	2.66	2.12
61	6.80	4.63	3.57	2.85	2.27	4.73	3.67	3.42	2.72	2.17	6.59	4.53	3.56	2.84	2.26
62	7.21	4.90	3.81	3.04	2.42	4.93	3.82	3.59	2.86	2.28	6.98	4.79	3.79	3.02	2.41
63	7.68	5.19	4.10	3.26	2.60	5.18	4.00	3.80	3.02	2.41	7.43	5.07	4.07	3.24	2.58
64	8.41	5.66	4.52	3.59	2.87	5.59	4.32	4.14	3.29	2.63	8.13	5.53	4.48	3.56	2.85

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Lump-Sum Benefit  
Elimination Period: 365 days

8/31/2008

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	0.84	0.44	0.26	0.21	0.17	0.93	0.64	0.46	0.38	0.32	0.85	0.46	0.28	0.23	0.18
26	0.85	0.46	0.27	0.22	0.18	0.96	0.66	0.48	0.39	0.33	0.86	0.48	0.29	0.24	0.20
27	0.87	0.47	0.27	0.22	0.19	1.00	0.68	0.50	0.41	0.34	0.88	0.49	0.29	0.24	0.20
28	0.89	0.48	0.28	0.23	0.20	1.03	0.71	0.52	0.42	0.36	0.90	0.50	0.30	0.25	0.22
29	0.91	0.50	0.29	0.24	0.21	1.07	0.73	0.55	0.45	0.37	0.93	0.52	0.32	0.26	0.23
30	0.93	0.52	0.30	0.25	0.21	1.12	0.76	0.59	0.47	0.39	0.95	0.54	0.33	0.27	0.23
31	0.95	0.54	0.32	0.26	0.22	1.16	0.80	0.62	0.50	0.41	0.97	0.57	0.35	0.28	0.24
32	0.98	0.57	0.33	0.27	0.23	1.21	0.83	0.65	0.52	0.43	1.00	0.60	0.36	0.30	0.25
33	1.02	0.59	0.35	0.29	0.25	1.25	0.86	0.69	0.55	0.46	1.04	0.62	0.38	0.32	0.27
34	1.06	0.63	0.37	0.30	0.26	1.31	0.90	0.72	0.59	0.48	1.08	0.66	0.40	0.33	0.28
35	1.10	0.67	0.39	0.32	0.27	1.36	0.93	0.76	0.62	0.50	1.13	0.70	0.43	0.35	0.29
36	1.15	0.71	0.42	0.34	0.29	1.41	0.97	0.80	0.65	0.53	1.18	0.74	0.46	0.37	0.31
37	1.19	0.75	0.45	0.37	0.31	1.46	1.00	0.84	0.68	0.55	1.22	0.78	0.49	0.40	0.33
38	1.25	0.79	0.48	0.39	0.33	1.51	1.05	0.88	0.71	0.57	1.28	0.82	0.52	0.42	0.35
39	1.30	0.84	0.51	0.42	0.35	1.55	1.09	0.91	0.74	0.61	1.32	0.86	0.55	0.45	0.38
40	1.38	0.89	0.55	0.45	0.37	1.61	1.13	0.95	0.77	0.63	1.40	0.91	0.59	0.48	0.40
41	1.44	0.94	0.59	0.48	0.40	1.66	1.17	0.99	0.80	0.66	1.46	0.96	0.63	0.51	0.43
42	1.52	1.00	0.64	0.51	0.43	1.71	1.21	1.04	0.83	0.68	1.54	1.02	0.68	0.54	0.46
43	1.59	1.06	0.69	0.55	0.45	1.75	1.25	1.08	0.87	0.71	1.61	1.08	0.73	0.58	0.48
44	1.69	1.14	0.74	0.59	0.49	1.81	1.29	1.12	0.90	0.73	1.70	1.16	0.78	0.62	0.51
45	1.78	1.21	0.79	0.64	0.52	1.86	1.34	1.17	0.93	0.76	1.79	1.22	0.83	0.67	0.54
46	1.88	1.28	0.85	0.69	0.56	1.90	1.39	1.21	0.97	0.79	1.88	1.29	0.89	0.72	0.58
47	1.99	1.36	0.91	0.74	0.60	1.95	1.44	1.26	1.00	0.82	1.99	1.37	0.94	0.77	0.62
48	2.11	1.46	0.98	0.79	0.65	2.00	1.49	1.30	1.04	0.85	2.10	1.46	1.01	0.82	0.67
49	2.23	1.55	1.05	0.85	0.69	2.07	1.54	1.35	1.09	0.88	2.21	1.55	1.08	0.87	0.71
50	2.36	1.64	1.14	0.91	0.74	2.13	1.59	1.42	1.13	0.91	2.34	1.64	1.17	0.93	0.76
51	2.51	1.75	1.22	0.98	0.80	2.19	1.66	1.48	1.18	0.95	2.48	1.74	1.25	1.00	0.82
52	2.67	1.86	1.32	1.05	0.86	2.27	1.72	1.54	1.23	0.99	2.63	1.85	1.34	1.07	0.87
53	2.85	1.99	1.43	1.15	0.92	2.35	1.79	1.61	1.29	1.03	2.80	1.97	1.45	1.16	0.93
54	3.05	2.13	1.55	1.24	1.00	2.44	1.86	1.71	1.35	1.10	2.99	2.10	1.57	1.25	1.01
55	3.27	2.27	1.69	1.34	1.08	2.54	1.96	1.80	1.44	1.16	3.20	2.24	1.70	1.35	1.09
56	3.51	2.43	1.83	1.47	1.18	2.66	2.05	1.91	1.52	1.22	3.42	2.39	1.84	1.48	1.18
57	3.78	2.61	2.01	1.60	1.28	2.80	2.16	2.03	1.62	1.30	3.68	2.56	2.01	1.60	1.28
58	4.10	2.83	2.22	1.77	1.41	2.96	2.30	2.20	1.75	1.39	3.99	2.78	2.22	1.77	1.41
59	4.51	3.10	2.49	1.98	1.58	3.19	2.47	2.40	1.92	1.53	4.38	3.04	2.48	1.97	1.58
60	5.20	3.55	2.75	2.19	1.74	3.60	2.79	2.60	2.07	1.65	5.04	3.47	2.74	2.18	1.73
61	5.69	3.84	2.95	2.34	1.86	3.81	2.95	2.75	2.18	1.73	5.50	3.75	2.93	2.32	1.85
62	6.07	4.08	3.16	2.52	2.00	4.00	3.09	2.91	2.31	1.83	5.86	3.98	3.14	2.50	1.98
63	6.51	4.35	3.42	2.71	2.16	4.22	3.25	3.09	2.45	1.95	6.28	4.24	3.39	2.68	2.14
64	7.19	4.77	3.79	3.01	2.39	4.59	3.54	3.38	2.69	2.14	6.93	4.65	3.75	2.98	2.36

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Lump-Sum Benefit  
Elimination Period: 730 days

8/31/2008

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	0.59	0.33	0.19	0.15	0.12	0.64	0.45	0.33	0.27	0.23	0.60	0.34	0.20	0.16	0.13
26	0.60	0.34	0.20	0.16	0.13	0.67	0.47	0.34	0.28	0.24	0.61	0.35	0.21	0.17	0.14
27	0.62	0.35	0.21	0.17	0.14	0.71	0.49	0.36	0.29	0.25	0.63	0.36	0.22	0.18	0.15
28	0.64	0.36	0.22	0.18	0.14	0.74	0.51	0.38	0.31	0.26	0.65	0.38	0.24	0.19	0.15
29	0.67	0.38	0.23	0.19	0.16	0.78	0.54	0.40	0.33	0.28	0.68	0.40	0.25	0.20	0.17
30	0.69	0.40	0.24	0.20	0.17	0.82	0.56	0.44	0.35	0.29	0.70	0.42	0.26	0.22	0.18
31	0.73	0.42	0.25	0.21	0.18	0.86	0.59	0.46	0.37	0.31	0.74	0.44	0.27	0.23	0.19
32	0.76	0.45	0.26	0.22	0.19	0.90	0.62	0.49	0.39	0.33	0.77	0.47	0.28	0.24	0.20
33	0.79	0.47	0.28	0.23	0.20	0.95	0.65	0.52	0.43	0.35	0.81	0.49	0.30	0.25	0.22
34	0.82	0.50	0.30	0.24	0.21	0.99	0.68	0.55	0.45	0.37	0.84	0.52	0.32	0.26	0.23
35	0.86	0.53	0.32	0.26	0.22	1.04	0.71	0.59	0.48	0.39	0.88	0.55	0.35	0.28	0.24
36	0.90	0.56	0.34	0.28	0.24	1.08	0.76	0.62	0.50	0.41	0.92	0.58	0.37	0.30	0.26
37	0.95	0.60	0.36	0.30	0.25	1.14	0.79	0.65	0.53	0.44	0.97	0.62	0.39	0.32	0.27
38	1.00	0.63	0.39	0.32	0.27	1.19	0.83	0.69	0.56	0.46	1.02	0.65	0.42	0.34	0.29
39	1.06	0.67	0.42	0.34	0.29	1.23	0.86	0.72	0.58	0.48	1.08	0.69	0.45	0.36	0.31
40	1.11	0.72	0.46	0.36	0.31	1.29	0.90	0.77	0.61	0.50	1.13	0.74	0.49	0.38	0.33
41	1.18	0.78	0.49	0.39	0.33	1.33	0.94	0.80	0.64	0.53	1.20	0.80	0.52	0.42	0.35
42	1.24	0.83	0.53	0.42	0.35	1.38	0.98	0.84	0.67	0.55	1.25	0.84	0.56	0.44	0.37
43	1.32	0.88	0.57	0.46	0.38	1.43	1.02	0.88	0.70	0.57	1.33	0.89	0.60	0.48	0.40
44	1.40	0.94	0.61	0.50	0.40	1.48	1.06	0.91	0.73	0.60	1.41	0.95	0.64	0.52	0.42
45	1.49	1.01	0.66	0.53	0.43	1.53	1.10	0.95	0.77	0.62	1.49	1.02	0.69	0.55	0.45
46	1.57	1.07	0.70	0.57	0.47	1.58	1.14	1.00	0.80	0.65	1.57	1.08	0.73	0.59	0.49
47	1.67	1.14	0.76	0.61	0.51	1.63	1.20	1.04	0.83	0.67	1.67	1.15	0.79	0.63	0.53
48	1.78	1.22	0.83	0.66	0.54	1.68	1.24	1.09	0.87	0.70	1.77	1.22	0.86	0.68	0.56
49	1.89	1.30	0.89	0.71	0.58	1.74	1.29	1.13	0.90	0.73	1.88	1.30	0.91	0.73	0.60
50	2.01	1.39	0.96	0.76	0.62	1.79	1.35	1.19	0.94	0.77	1.99	1.39	0.98	0.78	0.64
51	2.14	1.49	1.04	0.83	0.67	1.86	1.40	1.24	0.99	0.80	2.11	1.48	1.06	0.85	0.68
52	2.29	1.59	1.12	0.90	0.72	1.92	1.45	1.30	1.04	0.84	2.25	1.58	1.14	0.91	0.73
53	2.46	1.70	1.22	0.97	0.79	2.00	1.52	1.37	1.09	0.88	2.41	1.68	1.24	0.98	0.80
54	2.63	1.82	1.32	1.05	0.85	2.09	1.59	1.44	1.15	0.92	2.58	1.80	1.33	1.06	0.86
55	2.83	1.95	1.44	1.14	0.92	2.19	1.67	1.54	1.22	0.97	2.77	1.92	1.45	1.15	0.92
56	3.04	2.10	1.57	1.25	1.00	2.29	1.76	1.63	1.29	1.04	2.96	2.07	1.58	1.25	1.00
57	3.30	2.25	1.72	1.37	1.10	2.41	1.85	1.75	1.38	1.10	3.21	2.21	1.72	1.37	1.10
58	3.59	2.44	1.91	1.52	1.21	2.56	1.98	1.89	1.49	1.20	3.49	2.39	1.91	1.52	1.21
59	3.96	2.68	2.14	1.69	1.35	2.75	2.12	2.06	1.64	1.30	3.84	2.62	2.13	1.68	1.34
60	4.59	3.08	2.35	1.86	1.48	3.12	2.40	2.21	1.75	1.39	4.44	3.01	2.34	1.85	1.47
61	5.00	3.32	2.52	1.99	1.57	3.28	2.51	2.34	1.85	1.47	4.83	3.24	2.50	1.98	1.56
62	5.35	3.53	2.71	2.14	1.69	3.44	2.63	2.47	1.95	1.55	5.16	3.44	2.69	2.12	1.68
63	5.75	3.77	2.94	2.31	1.83	3.64	2.78	2.63	2.08	1.65	5.54	3.67	2.91	2.29	1.81
64	6.40	4.16	3.27	2.57	2.03	3.97	3.03	2.90	2.28	1.80	6.16	4.05	3.23	2.54	2.01



Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Monthly Income Benefit  
Elimination Period: 90 days      Benefit Period: 3 months

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	4.23	2.11	1.14	0.95	0.80	5.13	3.38	2.46	2.02	1.66	4.32	2.24	1.27	1.06	0.89
26	4.27	2.16	1.15	0.96	0.81	5.24	3.48	2.53	2.08	1.72	4.37	2.29	1.29	1.07	0.90
27	4.32	2.22	1.17	0.98	0.83	5.38	3.59	2.63	2.15	1.78	4.43	2.36	1.32	1.10	0.92
28	4.38	2.28	1.21	1.01	0.85	5.55	3.71	2.74	2.25	1.85	4.50	2.42	1.36	1.13	0.95
29	4.45	2.35	1.25	1.05	0.88	5.74	3.85	2.87	2.35	1.93	4.58	2.50	1.41	1.18	0.98
30	4.55	2.44	1.30	1.09	0.92	5.93	3.99	3.03	2.46	2.02	4.69	2.60	1.47	1.23	1.03
31	4.65	2.53	1.36	1.14	0.96	6.14	4.13	3.18	2.58	2.12	4.80	2.69	1.54	1.28	1.08
32	4.76	2.64	1.43	1.20	1.01	6.34	4.27	3.34	2.71	2.22	4.92	2.80	1.62	1.35	1.13
33	4.89	2.75	1.52	1.26	1.06	6.55	4.42	3.50	2.84	2.32	5.06	2.92	1.72	1.42	1.19
34	5.04	2.88	1.61	1.34	1.12	6.76	4.58	3.67	2.98	2.42	5.21	3.05	1.82	1.50	1.25
35	5.21	3.04	1.72	1.42	1.19	6.97	4.72	3.84	3.11	2.52	5.39	3.21	1.93	1.59	1.32
36	5.38	3.20	1.83	1.51	1.26	7.18	4.87	4.01	3.24	2.63	5.56	3.37	2.05	1.68	1.40
37	5.58	3.37	1.96	1.61	1.34	7.37	5.03	4.17	3.37	2.73	5.76	3.54	2.18	1.79	1.48
38	5.80	3.55	2.09	1.73	1.43	7.56	5.18	4.33	3.50	2.83	5.98	3.71	2.31	1.91	1.57
39	6.03	3.75	2.24	1.84	1.52	7.74	5.33	4.50	3.62	2.93	6.20	3.91	2.47	2.02	1.66
40	6.29	3.98	2.40	1.97	1.62	7.92	5.48	4.65	3.74	3.03	6.45	4.13	2.62	2.15	1.76
41	6.56	4.22	2.57	2.10	1.73	8.09	5.63	4.81	3.87	3.13	6.71	4.36	2.79	2.28	1.87
42	6.86	4.47	2.75	2.25	1.85	8.26	5.78	4.96	3.99	3.22	7.00	4.60	2.97	2.42	1.99
43	7.18	4.74	2.94	2.40	1.97	8.41	5.93	5.12	4.11	3.32	7.30	4.86	3.16	2.57	2.10
44	7.52	5.00	3.15	2.56	2.10	8.57	6.09	5.27	4.23	3.41	7.62	5.11	3.36	2.73	2.23
45	7.89	5.29	3.38	2.74	2.24	8.72	6.25	5.42	4.36	3.51	7.97	5.39	3.58	2.90	2.37
46	8.28	5.58	3.61	2.93	2.39	8.88	6.41	5.58	4.48	3.60	8.34	5.66	3.81	3.08	2.51
47	8.70	5.91	3.88	3.14	2.55	9.04	6.57	5.75	4.62	3.71	8.73	5.98	4.07	3.29	2.67
48	9.14	6.25	4.15	3.36	2.72	9.21	6.75	5.92	4.75	3.82	9.15	6.30	4.33	3.50	2.83
49	9.62	6.60	4.45	3.59	2.90	9.38	6.92	6.11	4.90	3.94	9.60	6.63	4.62	3.72	3.00
50	10.14	6.99	4.78	3.85	3.11	9.58	7.12	6.31	5.05	4.06	10.08	7.00	4.93	3.97	3.20
51	10.69	7.40	5.13	4.13	3.32	9.78	7.33	6.53	5.23	4.19	10.60	7.39	5.27	4.24	3.41
52	11.30	7.84	5.51	4.42	3.56	10.02	7.56	6.77	5.42	4.34	11.17	7.81	5.64	4.52	3.64
53	11.96	8.31	5.93	4.76	3.83	10.30	7.80	7.06	5.64	4.52	11.79	8.26	6.04	4.85	3.90
54	12.70	8.82	6.40	5.14	4.12	10.62	8.09	7.36	5.89	4.72	12.49	8.75	6.50	5.22	4.18
55	13.53	9.39	6.93	5.55	4.45	11.01	8.42	7.74	6.19	4.95	13.28	9.29	7.01	5.61	4.50
56	14.40	9.98	7.51	6.00	4.81	11.40	8.76	8.13	6.50	5.20	14.10	9.86	7.57	6.05	4.85
57	15.40	10.65	8.17	6.53	5.23	11.88	9.15	8.62	6.88	5.49	15.05	10.50	8.22	6.56	5.26
58	16.59	11.44	8.97	7.16	5.72	12.48	9.64	9.22	7.36	5.88	16.18	11.26	9.00	7.18	5.74
59	18.09	12.43	9.98	7.96	6.36	13.30	10.28	10.02	7.99	6.38	17.61	12.22	9.98	7.96	6.36
60	20.68	14.15	11.37	9.05	7.23	14.89	11.51	11.16	8.89	7.10	20.10	13.89	11.35	9.03	7.22
61	23.08	15.73	12.10	9.63	7.69	16.29	12.60	11.67	9.31	7.41	22.40	15.42	12.06	9.60	7.66
62	24.40	16.56	12.91	10.29	8.19	16.94	13.09	12.25	9.78	7.78	23.65	16.21	12.84	10.24	8.15
63	25.99	17.53	13.82	11.02	8.77	17.73	13.69	12.97	10.33	8.24	25.16	17.15	13.74	10.95	8.72
64	28.42	19.09	15.21	12.12	9.66	19.08	14.75	14.08	11.20	8.94	27.49	18.66	15.10	12.03	9.59

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Monthly Income Benefit  
Elimination Period: 90 days      Benefit Period: 9 months

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	10.15	5.03	2.73	2.27	1.90	12.07	7.95	5.77	4.73	3.89	10.34	5.32	3.03	2.52	2.10
26	10.28	5.16	2.75	2.30	1.93	12.38	8.20	5.94	4.87	4.01	10.49	5.46	3.07	2.56	2.14
27	10.42	5.30	2.81	2.35	1.97	12.74	8.49	6.19	5.06	4.16	10.65	5.62	3.15	2.62	2.19
28	10.58	5.48	2.90	2.42	2.04	13.17	8.80	6.48	5.29	4.34	10.84	5.81	3.26	2.71	2.27
29	10.79	5.66	3.01	2.51	2.12	13.64	9.13	6.81	5.56	4.56	11.08	6.01	3.39	2.82	2.36
30	11.03	5.88	3.14	2.62	2.21	14.15	9.49	7.17	5.84	4.79	11.34	6.24	3.54	2.94	2.47
31	11.29	6.13	3.30	2.76	2.32	14.68	9.86	7.57	6.16	5.03	11.63	6.50	3.73	3.10	2.59
32	11.61	6.40	3.48	2.91	2.44	15.22	10.24	7.98	6.48	5.28	11.97	6.78	3.93	3.27	2.72
33	11.96	6.71	3.71	3.08	2.58	15.78	10.62	8.39	6.81	5.55	12.34	7.10	4.18	3.45	2.88
34	12.35	7.05	3.94	3.27	2.74	16.34	11.02	8.83	7.15	5.81	12.75	7.45	4.43	3.66	3.05
35	12.78	7.44	4.21	3.48	2.91	16.89	11.42	9.26	7.50	6.08	13.19	7.84	4.72	3.88	3.23
36	13.27	7.85	4.52	3.73	3.10	17.43	11.82	9.70	7.83	6.36	13.69	8.25	5.04	4.14	3.43
37	13.80	8.30	4.86	3.98	3.30	17.96	12.24	10.13	8.18	6.62	14.22	8.69	5.39	4.40	3.63
38	14.39	8.83	5.22	4.26	3.53	18.49	12.64	10.56	8.53	6.90	14.80	9.21	5.75	4.69	3.87
39	15.02	9.39	5.63	4.56	3.78	18.99	13.05	10.99	8.86	7.16	15.42	9.76	6.17	4.99	4.12
40	15.69	9.99	6.04	4.89	4.03	19.49	13.47	11.42	9.20	7.43	16.07	10.34	6.58	5.32	4.37
41	16.47	10.62	6.49	5.24	4.31	19.97	13.89	11.85	9.53	7.69	16.82	10.95	7.03	5.67	4.65
42	17.28	11.28	6.96	5.63	4.62	20.44	14.30	12.27	9.87	7.96	17.60	11.58	7.49	6.05	4.95
43	18.15	11.97	7.46	6.03	4.94	20.91	14.73	12.69	10.20	8.21	18.43	12.25	7.98	6.45	5.27
44	19.04	12.68	7.98	6.48	5.29	21.37	15.17	13.12	10.53	8.48	19.27	12.93	8.49	6.88	5.61
45	20.04	13.44	8.56	6.95	5.66	21.83	15.61	13.56	10.88	8.75	20.22	13.66	9.06	7.34	5.97
46	21.10	14.22	9.20	7.46	6.06	22.28	16.06	14.00	11.23	9.03	21.22	14.40	9.68	7.84	6.36
47	22.26	15.09	9.90	8.00	6.49	22.76	16.53	14.47	11.60	9.31	22.31	15.23	10.36	8.36	6.77
48	23.48	16.01	10.63	8.59	6.95	23.25	17.02	14.95	11.98	9.61	23.46	16.11	11.06	8.93	7.22
49	24.79	17.00	11.43	9.22	7.45	23.78	17.53	15.47	12.39	9.94	24.69	17.05	11.83	9.54	7.70
50	26.21	18.04	12.31	9.89	7.98	24.34	18.08	16.04	12.83	10.28	26.02	18.04	12.68	10.18	8.21
51	27.75	19.16	13.25	10.64	8.57	24.95	18.67	16.64	13.31	10.65	27.47	19.11	13.59	10.91	8.78
52	29.43	20.36	14.29	11.46	9.21	25.64	19.31	17.32	13.83	11.07	29.05	20.26	14.59	11.70	9.40
53	31.28	21.65	15.44	12.36	9.93	26.44	20.02	18.10	14.45	11.56	30.80	21.49	15.71	12.57	10.09
54	33.33	23.06	16.71	13.37	10.71	27.34	20.81	18.97	15.14	12.10	32.73	22.84	16.94	13.55	10.85
55	35.64	24.64	18.16	14.51	11.61	28.42	21.73	19.99	15.95	12.74	34.92	24.35	18.34	14.65	11.72
56	38.08	26.28	19.72	15.74	12.57	29.54	22.66	21.08	16.81	13.41	37.23	25.92	19.86	15.85	12.65
57	40.89	28.13	21.53	17.17	13.71	30.88	23.76	22.40	17.84	14.23	39.89	27.69	21.62	17.24	13.76
58	44.25	30.35	23.71	18.89	15.06	32.58	25.11	24.07	19.15	15.27	43.08	29.83	23.75	18.92	15.08
59	48.45	33.09	26.49	21.08	16.79	34.84	26.88	26.25	20.88	16.63	47.09	32.47	26.47	21.06	16.77
60	55.75	37.85	30.13	23.97	19.04	39.21	30.23	29.21	23.19	18.46	54.10	37.09	30.04	23.89	18.98
61	62.29	41.99	32.21	25.56	20.33	42.85	33.02	30.66	24.32	19.37	60.35	41.09	32.06	25.44	20.23
62	66.16	44.38	34.48	27.35	21.75	44.73	34.41	32.32	25.66	20.40	64.02	43.38	34.26	27.18	21.62
63	70.67	47.14	37.07	29.37	23.36	47.00	36.09	34.25	27.19	21.61	68.30	46.04	36.79	29.15	23.18
64	77.68	51.62	40.98	32.48	25.78	50.83	39.00	37.32	29.63	23.51	75.00	50.36	40.61	32.20	25.55

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Monthly Income Benefit  
Elimination Period: 90 days      Benefit Period: 21 months

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	17.53	8.74	4.73	3.96	3.33	20.33	13.40	9.72	7.98	6.59	17.81	9.21	5.23	4.36	3.66
26	17.85	9.02	4.81	4.03	3.40	20.97	13.90	10.09	8.27	6.82	18.16	9.51	5.34	4.45	3.74
27	18.20	9.32	4.96	4.15	3.50	21.72	14.47	10.56	8.65	7.12	18.55	9.84	5.52	4.60	3.86
28	18.62	9.68	5.14	4.30	3.63	22.59	15.09	11.12	9.09	7.48	19.02	10.22	5.74	4.78	4.02
29	19.09	10.07	5.36	4.49	3.80	23.53	15.75	11.75	9.60	7.89	19.53	10.64	6.00	5.00	4.21
30	19.63	10.51	5.64	4.71	3.98	24.54	16.44	12.45	10.15	8.32	20.12	11.10	6.32	5.25	4.41
31	20.23	11.02	5.96	4.98	4.20	25.61	17.18	13.19	10.74	8.79	20.77	11.64	6.68	5.56	4.66
32	20.91	11.58	6.33	5.28	4.44	26.70	17.93	13.98	11.36	9.29	21.49	12.22	7.10	5.89	4.92
33	21.66	12.20	6.76	5.62	4.72	27.83	18.72	14.81	12.02	9.80	22.28	12.85	7.56	6.26	5.23
34	22.51	12.90	7.26	6.01	5.04	29.00	19.53	15.65	12.69	10.33	23.16	13.56	8.10	6.68	5.57
35	23.43	13.66	7.83	6.43	5.37	30.16	20.36	16.51	13.36	10.87	24.10	14.33	8.70	7.12	5.92
36	24.46	14.52	8.45	6.90	5.74	31.30	21.20	17.39	14.06	11.41	25.14	15.19	9.34	7.62	6.31
37	25.57	15.50	9.14	7.41	6.16	32.45	22.07	18.27	14.75	11.96	26.26	16.16	10.05	8.14	6.74
38	26.80	16.57	9.86	7.96	6.60	33.58	22.94	19.17	15.46	12.51	27.48	17.21	10.79	8.71	7.19
39	28.15	17.70	10.63	8.56	7.09	34.70	23.83	20.05	16.16	13.07	28.80	18.31	11.57	9.32	7.69
40	29.65	18.90	11.47	9.23	7.61	35.82	24.72	20.95	16.86	13.62	30.27	19.48	12.42	9.99	8.21
41	31.26	20.17	12.35	9.93	8.17	36.91	25.63	21.85	17.57	14.18	31.82	20.72	13.30	10.69	8.77
42	32.96	21.50	13.29	10.71	8.78	38.00	26.55	22.76	18.29	14.74	33.46	22.00	14.24	11.47	9.38
43	34.77	22.95	14.32	11.52	9.43	39.09	27.49	23.68	19.01	15.31	35.20	23.40	15.26	12.27	10.02
44	36.74	24.42	15.38	12.42	10.13	40.16	28.45	24.61	19.74	15.88	37.08	24.82	16.30	13.15	10.70
45	38.77	25.97	16.50	13.38	10.89	41.24	29.44	25.57	20.49	16.46	39.02	26.32	17.41	14.09	11.45
46	41.01	27.56	17.82	14.41	11.71	42.33	30.44	26.54	21.26	17.07	41.14	27.85	18.69	15.10	12.25
47	43.47	29.37	19.23	15.52	12.58	43.47	31.51	27.57	22.06	17.70	43.47	29.58	20.06	16.17	13.09
48	46.08	31.31	20.76	16.73	13.52	44.62	32.59	28.65	22.91	18.36	45.93	31.44	21.55	17.35	14.00
49	48.90	33.37	22.41	18.02	14.54	45.87	33.74	29.78	23.80	19.05	48.60	33.41	23.15	18.60	14.99
50	51.94	35.58	24.21	19.44	15.65	47.18	34.97	31.01	24.76	19.81	51.46	35.52	24.89	19.97	16.07
51	55.26	37.94	26.17	20.98	16.86	48.60	36.25	32.34	25.79	20.63	54.59	37.77	26.79	21.46	17.24
52	58.89	40.48	28.33	22.67	18.19	50.18	37.67	33.79	26.94	21.51	58.02	40.20	28.88	23.10	18.52
53	62.88	43.24	30.71	24.54	19.65	51.96	39.21	35.47	28.25	22.55	61.79	42.84	31.19	24.91	19.94
54	67.35	46.26	33.39	26.64	21.30	53.99	40.96	37.33	29.71	23.69	66.01	45.73	33.78	26.95	21.54
55	72.37	49.63	36.43	29.01	23.17	56.36	42.93	39.52	31.42	25.03	70.77	48.96	36.74	29.25	23.36
56	77.71	53.16	39.71	31.58	25.18	58.86	44.96	41.85	33.24	26.46	75.82	52.34	39.92	31.75	25.31
57	83.91	57.16	43.56	34.59	27.54	61.80	47.35	44.64	35.43	28.18	81.70	56.18	43.67	34.67	27.60
58	91.30	61.94	48.18	38.21	30.37	65.50	50.25	48.18	38.20	30.35	88.72	60.77	48.18	38.21	30.37
59	100.62	67.87	54.08	42.83	33.99	70.39	54.02	52.81	41.81	33.20	97.60	66.48	53.95	42.73	33.91
60	116.81	78.14	61.67	48.68	38.60	79.73	61.10	58.80	46.51	36.84	113.10	76.44	61.38	48.46	38.42
61	130.92	86.72	66.07	52.09	41.29	87.26	66.69	61.92	48.97	38.76	126.55	84.72	65.66	51.78	41.04
62	139.79	92.22	71.00	56.03	44.31	91.47	69.89	65.48	51.77	40.93	134.96	89.99	70.45	55.60	43.97
63	150.54	98.47	76.65	60.43	47.73	96.51	73.61	69.78	55.03	43.56	145.14	95.98	75.96	59.89	47.31
64	167.01	108.37	85.14	67.06	52.96	104.96	80.02	76.49	60.21	47.63	160.80	105.54	84.28	66.38	52.43

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Monthly Income Benefit  
Elimination Period: 180 days      Benefit Period: 6 months

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	5.90	2.92	1.58	1.31	1.10	6.91	4.54	3.29	2.70	2.22	6.00	3.08	1.75	1.45	1.21
26	5.98	3.00	1.60	1.33	1.12	7.10	4.71	3.40	2.79	2.29	6.09	3.17	1.78	1.48	1.24
27	6.08	3.08	1.64	1.36	1.14	7.32	4.88	3.55	2.90	2.38	6.20	3.26	1.83	1.51	1.26
28	6.18	3.19	1.69	1.40	1.18	7.58	5.06	3.73	3.04	2.49	6.32	3.38	1.89	1.56	1.31
29	6.31	3.30	1.76	1.46	1.23	7.87	5.27	3.92	3.20	2.62	6.47	3.50	1.98	1.63	1.37
30	6.46	3.43	1.84	1.53	1.28	8.18	5.48	4.15	3.37	2.76	6.63	3.64	2.07	1.71	1.43
31	6.62	3.59	1.94	1.62	1.35	8.50	5.71	4.38	3.56	2.91	6.81	3.80	2.18	1.81	1.51
32	6.81	3.76	2.05	1.71	1.42	8.83	5.93	4.62	3.76	3.06	7.01	3.98	2.31	1.92	1.58
33	7.03	3.94	2.18	1.81	1.51	9.17	6.17	4.88	3.96	3.22	7.24	4.16	2.45	2.02	1.68
34	7.28	4.16	2.34	1.93	1.61	9.52	6.41	5.14	4.17	3.38	7.50	4.38	2.62	2.15	1.79
35	7.54	4.39	2.51	2.06	1.72	9.86	6.66	5.41	4.38	3.56	7.77	4.62	2.80	2.29	1.90
36	7.85	4.65	2.70	2.20	1.83	10.20	6.92	5.68	4.58	3.72	8.08	4.88	3.00	2.44	2.02
37	8.17	4.96	2.92	2.36	1.96	10.53	7.17	5.94	4.80	3.89	8.41	5.18	3.22	2.60	2.15
38	8.54	5.28	3.14	2.53	2.10	10.86	7.43	6.21	5.01	4.05	8.77	5.50	3.45	2.78	2.30
39	8.94	5.62	3.37	2.71	2.25	11.18	7.69	6.47	5.22	4.22	9.16	5.83	3.68	2.96	2.45
40	9.38	5.99	3.64	2.92	2.40	11.49	7.95	6.74	5.43	4.39	9.59	6.19	3.95	3.17	2.60
41	9.85	6.37	3.90	3.14	2.58	11.81	8.22	7.01	5.64	4.55	10.05	6.56	4.21	3.39	2.78
42	10.37	6.79	4.19	3.37	2.77	12.11	8.47	7.28	5.85	4.71	10.54	6.96	4.50	3.62	2.96
43	10.91	7.21	4.50	3.63	2.97	12.42	8.75	7.54	6.06	4.89	11.06	7.36	4.80	3.87	3.16
44	11.48	7.65	4.83	3.90	3.18	12.71	9.03	7.81	6.28	5.05	11.60	7.79	5.13	4.14	3.37
45	12.07	8.12	5.17	4.19	3.41	13.00	9.31	8.09	6.49	5.22	12.16	8.24	5.46	4.42	3.59
46	12.73	8.59	5.57	4.51	3.67	13.31	9.60	8.38	6.72	5.40	12.79	8.69	5.85	4.73	3.84
47	13.46	9.14	6.00	4.85	3.93	13.62	9.90	8.68	6.96	5.58	13.48	9.22	6.27	5.06	4.10
48	14.23	9.71	6.46	5.21	4.21	13.94	10.21	8.99	7.20	5.78	14.20	9.76	6.71	5.41	4.37
49	15.05	10.33	6.96	5.60	4.53	14.28	10.55	9.32	7.46	5.98	14.97	10.35	7.20	5.79	4.68
50	15.94	10.98	7.50	6.03	4.87	14.64	10.90	9.67	7.74	6.21	15.81	10.97	7.72	6.20	5.00
51	16.91	11.68	8.10	6.50	5.23	15.05	11.27	10.07	8.05	6.44	16.72	11.64	8.30	6.66	5.35
52	17.97	12.44	8.74	7.00	5.63	15.49	11.68	10.49	8.38	6.71	17.72	12.36	8.92	7.14	5.74
53	19.12	13.25	9.45	7.57	6.07	16.00	12.13	10.98	8.77	7.02	18.81	13.14	9.60	7.69	6.16
54	20.41	14.14	10.25	8.20	6.57	16.57	12.63	11.52	9.20	7.35	20.03	13.99	10.38	8.30	6.65
55	21.86	15.13	11.16	8.92	7.14	17.25	13.21	12.17	9.71	7.76	21.40	14.94	11.26	9.00	7.20
56	23.40	16.17	12.14	9.69	7.74	17.97	13.80	12.86	10.25	8.18	22.86	15.93	12.21	9.75	7.78
57	25.17	17.33	13.28	10.58	8.44	18.82	14.50	13.68	10.90	8.69	24.54	17.05	13.32	10.61	8.46
58	27.27	18.73	14.64	11.66	9.30	19.89	15.35	14.73	11.72	9.35	26.53	18.39	14.65	11.67	9.30
59	29.91	20.44	16.38	13.04	10.38	21.30	16.46	16.09	12.80	10.20	29.05	20.04	16.35	13.02	10.36
60	34.47	23.43	18.62	14.77	11.77	24.01	18.54	17.87	14.21	11.29	33.42	22.94	18.54	14.71	11.72
61	38.41	25.95	19.90	15.80	12.56	26.19	20.22	18.78	14.93	11.87	37.19	25.38	19.79	15.71	12.49
62	40.84	27.47	21.33	16.94	13.45	27.38	21.11	19.85	15.75	12.52	39.49	26.83	21.18	16.82	13.36
63	43.77	29.23	22.96	18.22	14.47	28.80	22.19	21.07	16.71	13.29	42.27	28.53	22.77	18.07	14.35
64	48.20	32.02	25.43	20.15	16.00	31.19	24.03	23.00	18.22	14.49	46.50	31.22	25.19	19.96	15.85

Principal Life Insurance Company  
Key Person Replacement Product - HH772 - for new issues & adjustments  
Level Annual Premiums Per \$100 of Monthly Income Benefit  
Elimination Period: 180 days      Benefit Period: 18 months

Occupation Class:	Male Non-Smoker					Female Non-Smoker					Unisex Non-Smoker				
	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>	<u>A</u>	<u>2A</u>	<u>3A</u>	<u>4A</u>	<u>5A</u>
Age:															
18-25	13.25	6.62	3.59	3.00	2.53	15.14	9.98	7.24	5.95	4.91	13.44	6.96	3.96	3.30	2.77
26	13.53	6.84	3.66	3.06	2.59	15.66	10.39	7.54	6.18	5.10	13.74	7.20	4.05	3.37	2.84
27	13.83	7.10	3.77	3.16	2.67	16.27	10.84	7.91	6.48	5.34	14.07	7.47	4.18	3.49	2.94
28	14.18	7.38	3.92	3.28	2.78	16.96	11.33	8.35	6.84	5.62	14.46	7.78	4.36	3.64	3.06
29	14.58	7.70	4.11	3.44	2.90	17.71	11.86	8.85	7.23	5.95	14.89	8.12	4.58	3.82	3.20
30	15.02	8.06	4.33	3.62	3.05	18.52	12.41	9.40	7.67	6.30	15.37	8.50	4.84	4.02	3.38
31	15.52	8.47	4.59	3.83	3.23	19.37	13.00	9.99	8.14	6.66	15.90	8.92	5.13	4.26	3.57
32	16.08	8.92	4.88	4.07	3.43	20.26	13.61	10.61	8.63	7.06	16.50	9.39	5.45	4.53	3.79
33	16.70	9.43	5.26	4.36	3.65	21.17	14.25	11.27	9.15	7.47	17.15	9.91	5.86	4.84	4.03
34	17.39	9.98	5.67	4.66	3.90	22.10	14.90	11.94	9.69	7.89	17.86	10.47	6.30	5.16	4.30
35	18.15	10.60	6.13	4.99	4.17	23.05	15.58	12.64	10.23	8.32	18.64	11.10	6.78	5.51	4.58
36	18.99	11.35	6.63	5.37	4.48	23.98	16.26	13.34	10.79	8.76	19.49	11.84	7.30	5.91	4.91
37	19.89	12.14	7.18	5.78	4.81	24.93	16.97	14.05	11.35	9.21	20.39	12.62	7.87	6.34	5.25
38	20.90	13.00	7.76	6.23	5.16	25.86	17.68	14.78	11.92	9.65	21.40	13.47	8.46	6.80	5.61
39	22.05	13.91	8.38	6.72	5.55	26.79	18.42	15.50	12.50	10.11	22.52	14.36	9.09	7.30	6.01
40	23.28	14.87	9.06	7.25	5.98	27.72	19.15	16.24	13.07	10.57	23.72	15.30	9.78	7.83	6.44
41	24.59	15.89	9.76	7.82	6.43	28.63	19.91	16.98	13.65	11.02	24.99	16.29	10.48	8.40	6.89
42	25.97	16.98	10.52	8.44	6.92	29.55	20.66	17.73	14.24	11.49	26.33	17.35	11.24	9.02	7.38
43	27.45	18.15	11.34	9.11	7.45	30.46	21.44	18.48	14.85	11.96	27.75	18.48	12.05	9.68	7.90
44	29.04	19.34	12.20	9.83	8.02	31.37	22.26	19.26	15.45	12.43	29.27	19.63	12.91	10.39	8.46
45	30.69	20.59	13.11	10.61	8.63	32.28	23.07	20.05	16.07	12.93	30.85	20.84	13.80	11.16	9.06
46	32.51	21.89	14.15	11.45	9.30	33.21	23.92	20.86	16.72	13.42	32.58	22.09	14.82	11.98	9.71
47	34.52	23.35	15.30	12.35	10.01	34.17	24.80	21.72	17.37	13.95	34.48	23.50	15.94	12.85	10.40
48	36.65	24.93	16.54	13.33	10.78	35.15	25.70	22.60	18.08	14.50	36.50	25.01	17.15	13.80	11.15
49	38.96	26.62	17.89	14.39	11.61	36.19	26.66	23.56	18.82	15.08	38.68	26.62	18.46	14.83	11.96
50	41.46	28.42	19.35	15.54	12.52	37.31	27.68	24.57	19.61	15.70	41.04	28.35	19.87	15.95	12.84
51	44.17	30.35	20.95	16.79	13.50	38.50	28.76	25.67	20.47	16.38	43.60	30.19	21.42	17.16	13.79
52	47.14	32.44	22.71	18.18	14.58	39.82	29.93	26.87	21.42	17.11	46.41	32.19	23.13	18.50	14.83
53	50.42	34.69	24.66	19.71	15.78	41.31	31.21	28.25	22.50	17.96	49.51	34.34	25.02	19.99	16.00
54	54.08	37.17	26.85	21.41	17.12	42.99	32.64	29.79	23.70	18.90	52.97	36.72	27.14	21.64	17.30
55	58.18	39.92	29.33	23.35	18.65	44.94	34.27	31.58	25.11	20.01	56.86	39.36	29.56	23.53	18.79
56	62.55	42.82	32.00	25.45	20.29	47.01	35.95	33.49	26.61	21.17	61.00	42.13	32.15	25.57	20.38
57	67.63	46.10	35.15	27.91	22.22	49.44	37.90	35.78	28.39	22.58	65.81	45.28	35.21	27.96	22.26
58	73.69	50.02	38.92	30.86	24.54	52.47	40.29	38.67	30.65	24.35	71.57	49.05	38.90	30.84	24.52
59	81.32	54.87	43.73	34.64	27.49	56.47	43.36	42.43	33.60	26.66	78.84	53.72	43.60	34.54	27.41
60	94.50	63.25	49.82	39.32	31.18	64.04	49.11	47.19	37.34	29.57	91.45	61.84	49.56	39.12	31.02
61	105.80	70.24	53.42	42.19	33.39	70.03	53.64	49.76	39.35	31.13	102.22	68.58	53.05	41.91	33.16
62	113.07	74.64	57.47	45.35	35.86	73.49	56.19	52.67	41.65	32.98	109.11	72.80	56.99	44.98	35.57
63	121.91	79.77	62.10	48.97	38.67	77.63	59.25	56.20	44.32	35.08	117.48	77.72	61.51	48.50	38.31
64	135.39	87.87	69.06	54.39	42.95	84.52	64.48	61.67	48.54	38.41	130.30	85.53	68.32	53.80	42.50

Principal Life Insurance Company  
Supplementary Description of Rate Tables  
Key Person Replacement Policy Form HH772

1. Rates shown are for new issues and policy adjustments.

2. Optional premium modes:

Semi-Annual	51.25% of Annual
Quarterly	26.25% of Annual
Pre-Authorized Withdrawal/EFT	8.75% of Annual
Bi-Weekly	4.04% of Annual
Semi-Monthly	4.38% of Annual

3. Rates shown are for all policy years and are calculated on an age last birthday basis.

4. The rates shown are for nonsmokers. Rates for smokers are arrived at by multiplying nonsmoker rates by 125% and rounding to two decimal places.

5. The following discounts will be applied to all new issues of the policy forms:

A 10% discount will be applied when policies are sold on 10 or more lives as part of any association.

A 10%, 15%, 20%, 25% or 30% discount will be applied when policies are sold on 3 or more lives as part of an employee-employer group, based on the number of lives, percentage of group participating and underwriting consideration accorded to the group.

Only one of the above discounts can be received.

6. Any insured whose occupation is classified as a 5A select occupation, according to our underwriting guidelines, is eligible for a 10% discount.

This discount will be available in addition to all other discounts.

SERFF Tracking Number:	PRLD-125840859	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	40505
Company Tracking Number:	HH772		
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Key Person Replacement Insurance Policy		
Project Name/Number:	Key Person/HH772		

## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Certification/Notice	Approved-Closed 10/15/2008

### Comments:

We certify that the forms in this submission meet the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

A certificate of readability is attached.

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

### Attachment:

AR Readability.pdf

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Application	Approved-Closed 10/15/2008

### Comments:

Previously approved application forms AA 1751-3 approved 10/7/2008, Disability Insurance Application, AA 2200-1 Guaranteed Standard Issue Disability Insurance Application approved 1/27/2004, and AA 2250-2 Multi Life Disability Insurance Application approved 1/27/2004 along with the submitted Key Person Replacement Supplemental Application, AA3478, will be used to apply for this product.

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Outline of Coverage	Approved-Closed 10/15/2008

### Comments:

Outlines of Coverage are not required to be submitted for this individual disability product.

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Statement of variability	Approved-Closed 10/15/2008

<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40505</i>
<i>Company Tracking Number:</i>	<i>HH772</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Key Person Replacement Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Key Person/HH772</i>		

**Comments:**

Attached is a statement of variability for the submission.

**Attachment:**

HH772etal Statement of Variability.pdf



<i>SERFF Tracking Number:</i>	<i>PRLD-125840859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40505</i>
<i>Company Tracking Number:</i>	<i>HH772</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Key Person Replacement Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Key Person/HH772</i>		

<b>Satisfied -Name:</b>	Product description	<b>Review Status:</b>	Approved-Closed	10/15/2008
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**Comments:**

Attached is a product description and issue basis document.

**Attachment:**

HH772AR Key Person Policy Description and Issue Basis Document.pdf

## ARKANSAS READABILITY CERTIFICATION

### PRINCIPAL LIFE INSURANCE COMPANY

This is to certify that the attached forms:

<u>Form No.</u>	<u>Name</u>	<u>Score</u>
HH 772	Key Person Disability Policy	54
HH 781	Modified Coverage Rider	51
JK 41 TL	Outline of Coverage	50
JK 41 A TL	Outline of Coverage	50
JK 42 TL	Outline of Coverage	50
JK 42 A TL	Outline of Coverage	50
JK 43 TL	Outline of Coverage	50
JK 43 A TL	Outline of Coverage	50
AA 3478	Key Person Replacement Application Supplemental	61

have achieved a Flesch Reading Ease Score as noted above and comply with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Date 10/08/2008

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Jeff Hostetter  
Assistant Director  
Individual Product Management

**All Forms which include an officer signature(s):**

**Data Pages, HH 772-1**

- Payment Method For Key Person Replacement Benefit is:** Lump Sum

**Maximum Lump Sum Elimination Period is:** [180 Days]

**Maximum Lump Sum Benefit is:** [\$100,000] On day [181]

- Page 1 of 2
- 
- September 2008

14. This section prints if no premium discounts are issued on the policy and shows the total annual premium, semi-annual premium, quarterly premium, and PAW/EFT/Monthly premium, as well as the annualized premium for the different premium payment frequency options and the additional charge for those options other than annual.

15. The following prints instead of # 14 if the policy is issued with any premium discounts. See the Supplementary Description of Rate Tables for a description of the discounts available:

**Total Annual Premium Before Discount:** [\$xx,xxx.xx]

[Multi-Life Discount - [10, 15, 20, 25, or 30%]]

[Association Discount – 10%]

[Select Occupation Discount - 10%]

Total Discount – [xx%] - [\$xx,xxx.xx]

**Total Annual Premium After Discount:** [\$xx,xxx.xx]

<b>PREMIUM PAYMENT FREQUENCY OPTIONS</b>	<b>Premium</b>	<b>Annualized Premium</b>	<b>Premium Payment Frequency Charge Included*</b>
<b>Total Annual Premium After Discount:</b>	[\$xx,xxx.xx]	[\$xx,xxx.xx]	\$0.00
Semi-Annual Premium After Discount:	[\$xx,xxx.xx]	[\$xx,xxx.xx]	[\$xx,xxx.xx]
Quarterly Premium After Discount:	[\$xx,xxx.xx]	[\$xx,xxx.xx]	[\$xx,xxx.xx]
PAW/EFT/Monthly Premium After Discount:	[\$xx,xxx.xx]	[\$xx,xxx.xx]	[\$xx,xxx.xx]

\*There is an additional charge for premium payment frequencies other than annual.

16. Prints the date the Data Page was printed.

#### **Modified Coverage Rider, HH 781**

1. Prints the Policy Number here.
2. Prints the Insured's name here.
3. Prints the Maximum Monthly Elimination Period of 90 Days or 180 Days.
4. Prints the Maximum Lump Sum Elimination Period of 180 Days, 365 Day or 730 Days.
5. Prints the medical condition(s) or part(s) of the body for which the Elimination Period is being lengthened. Examples of this variable material are:
  - Any injury to or disease or disorder of the affected extremity(ies) including any treatment or operation therefor or complication thereof.
  - Carpal tunnel syndrome including any treatment or operation therefor or complication thereof.

**Principal Life Insurance Company  
Des Moines, Iowa**

**Description of Policy, Issue Basis and Riders Available  
for Key Person Replacement Insurance Policy Form HH 772 AR**

**Policy Description**

Key Person Replacement Insurance Policy form HH 772 AR is continuable during its term. The policy may be terminated only as stated in the Termination provision. Premiums are guaranteed. The policy is nonparticipating.

This policy provides a benefit to the owner of the policy based upon the Disability of an Insured who is a key employee, subject to any limitations set forth in the policy.

Total Disability means, solely due to Injury or Sickness, the insured is unable to perform the substantial and material duties of the Key Person Occupation and is not working in any other occupation which is comparable by duties and/or earnings for the owner. Total Disability also means the requirements of the Claim Information section must be satisfied.

In order to be eligible for Total Disability, there must also be no reasonable job or work site modifications which would allow the Insured to work in the Key Person Occupation.

The two payment methods available for the Key Person Replacement Benefit are:

**Lump Sum Payment**

If the only benefit on the policy is Lump Sum, the Maximum Lump Sum benefit will be paid:

1. Once the Lump Sum Elimination Period has been satisfied; and
2. The requirements of the Claim Information section have been met.

**Monthly Payment and Lump Sum Payment**

If the policy includes both a Maximum Monthly Benefit and a Maximum Lump Sum Benefit, benefits will be paid as follows:

1. The Maximum Monthly Benefit will be paid when the Maximum Monthly Benefit Elimination Period has been satisfied; and
2. The Maximum Lump Sum Benefit will be paid once the Maximum Monthly Benefit has been paid and the Lump Sum Elimination Period has been satisfied; and
3. The requirements of the Claim Information section have been met.

If the Insured dies during the Elimination Period, there is no benefit payable on the policy. If the Insured dies while the Maximum Monthly Benefit is being paid, benefits will stop as of the date of death and the Maximum Lump Sum Benefit will not be payable.

If the Owner dies while benefits are being paid under the Benefit Section, and the Owner was a person, other than the Insured, benefits will continue to be payable, as long as the insured meets the terms of the policy provisions. Any benefits paid will be paid to the Owner's estate.

Other benefits provided by the policy include:

Waiver of Premium benefit if the insured is Disabled for the Elimination Period and the requirements of the Claim Information section are satisfied.

## Exclusions

The policy contains the following exclusions and limitations:

1. The policy does not pay benefits for an Injury or Sickness which in whole or in part is caused by, contributed to by, or which results from the following:
  - a) The suspension, revocation or surrender of the insured's professional or occupational license or certification;
  - b) Active military service during a military action or conflict.
  - c) Loss We have excluded by name or specific description in any attached rider or endorsement.
2. Exclusion or limiting riders, described further in the Rider section of this document, may be made part of the policy based on information obtained during the underwriting process.

## Pre-Existing Condition Limitation:

The policy will not pay any claim for a Disability or loss which:

1. Begins within 2 years after the effective date of coverage(s); and
2. Results from a pre-existing condition which was not disclosed or was misrepresented in the policy's application.

Pre-existing condition means a condition:

1. For which medical treatment, testing or medication was recommended by a Doctor or received from a Doctor within the 2 year period prior to the effective date of coverage(s); or
2. Which has caused symptoms within the 2 year period prior to the effective date of coverage(s) which would cause an ordinarily prudent person to seek diagnosis, care or treatment.

Based on our underwriting guidelines, the Pre-Existing Condition Limitation may be removed or modified by endorsement in multi-life situations where a simplified application is used.

## Suspension During Military Service

This policy will be suspended while the Insured is on full-time active duty in the military service. We will refund the pro rata portion of any premium paid for a period beyond the date of suspension. The suspended policy may be reinstated without proof of insurability if the active duty ends within 5 years from the date of the suspension and the Owner applies in writing and pays the premium within 180 days following the date active duty ends. Premiums will be at the same rate as they would have been had the policy remained in force.

## **Issue Basis**

The policy will be issued on an individual basis to men and women ages 18 through 64.

Monthly Benefit Periods available are 3, 6, 9, 18 and 21 months.

Elimination Periods available are:

Monthly: 90 day and 180 days

Lump Sum: 180, 365, and 730 days.

### **Riders Available**

The policy may be offered (subject to the insured's/owner's signed acceptance) with any of the following riders as a result of information obtained during the underwriting process:

- a. **Additional Exception Rider - HH 722 (previously approved):** Excludes coverage for a specific medical condition(s) or part(s) of the body.
- b. **Aviation Exclusion Rider - HH 724 (previously approved):** Excludes coverage for a Disability which results from an Injury or Sickness resulting from aviation type activities.
- c. **Sports Exclusion Rider – HH 725 (previously approved):** Excludes coverage for a Disability which results from an Injury or Sickness resulting from a specific sports activity.
- d. **Modified Coverage Rider - HH 781:** Lengthens the Elimination Period for a specific medical condition(s) or part(s) of the body.
- e. **Foreign Travel Exclusion Rider – HH 760 (previously approved):** Excludes coverage for an Injury occurring or Sickness beginning while the insured is in a specified geographical location(s).